Patient Flow Sheet/Chart Audit Tool – Diabetes Mellitus

Patient name _____ ID _____ Birth date ____ /____ /____

Type of Diabetes ____ Type 1 ____ Type 2 ____ Gestational ____ Other Date of Diagnosis ___ /___ /___ Home Glucose Monitoring ___ Yes ___ No

Treatment: (Check all that apply) _____ Insulin _____ Insulin & Oral Meds _____ Oral Meds _____ Diet _____ Physical Activity

Instructions: Please indicate date of exam/test "A" for abnormal or "N" for normal and the actual results, when appropriate (eg. lab value), "D" if done elsewhere, and "R" if referred. Additional explanations should be written in the patient's clinical notes.

General Office Visits	**Date/results**	**Date/results**	**Date/results**	**Date/results**	**Date/results**	**Date/results**
management plan *Type 1:* Every 3 months *Type 2:* every 3-6 months						
Review physical activity *each visit*						
Weight						
Height						
BMI						
Glycemic Control						
HbAlc test *every 3-6 months*						
Review HbAlc target goal *Every visit*						
Kidney Function						
Microalbuminuria *Type 1: begin with puberty or after 5 yrs duration, then yearly Type 2: at dx, then yearly*						
Creatinine clearance & protein *yearly after microalbumun > 300ncg24 hrs.*						
ACE inhibitor therapy *if indicated*						
Cardiovascular						
Smoking status *each visit*						
Advised to quit smoking *each visit*						
Smoking sesation referral *If indicated*						
Lipid profile *children > age 2 yrs. After dx when in glycemic control; Adults: yearly*						
TG						
HDL						
LDL						
Blood pressure *each visit*						
Aspirin therapy *if indicated*						
Eye Care						
Dilated eye exam *Type 1: if age > 10 years, within 3-5 years of onset, then yearly Type 2: At diagnosis then yearly*						
Foot Care						
Inspect bare feet & stress self-exam *each visit*						
Comprehensive lower extremity exam *yearly*						
At diagnosis, then every 6-12 months or more as indicated by the patient's status						
Self Management Training						
At diagnosis, then Type 1: age < 18, every 3-6 mos; age 18+, every 6-12 mos. or > as indicated						
Medical Nutrition Therapy						
Oral Health Care						
Oral health screening *each visit*						
Refer to dentist *every 6 months*						
Immunizations						
Influenza *yearly*						
Pneumococcal						